

## FAMILY MAINTENANCE ENFORCEMENT PROGRAM INCOME & EXPENSE FORM

### PART 1: PERSONAL INFORMATION

|                     |                        |                          |
|---------------------|------------------------|--------------------------|
| FMEP Case #:        | SIN:                   | Birthdate:<br>DD/MON/YR: |
| Name:               | Home<br>Phone #:       |                          |
| Mailing Address:    | Cell<br>Phone #:       |                          |
| Employer:           | Work<br>Phone #:       |                          |
| Employer's Address: | Employer's<br>Phone #: |                          |

Number of people in your residence (including yourself): Adults \_\_\_\_\_ Children (under age 19) \_\_\_\_\_

### PART 2: ASSETS

| Asset   | Value    | Details/Description         |
|---|----------|-----------------------------|
| Chequing Account  | \$ _____ | Bank _____                  |
| Savings Account   | \$ _____ | Bank _____                  |
| RRSP/Investments/<br>Pensions/Savings Bonds             | \$ _____ | Financial Institution _____ |
| Real Estate<br>(house, land, recreational property)     | \$ _____ | Address _____               |
|   | \$ _____ | Address _____               |
| Motor Vehicle(s)  | \$ _____ | Make/Model/Year _____       |
|   | \$ _____ | Make/Model/Year _____       |
| Other Vehicle(s)<br>(motorcycles, trailers, motorhomes) | \$ _____ | Make/Model/Year _____       |
|   | \$ _____ | Make/Model/Year _____       |
| Household Items<br>(furniture, appliances, electronics) | \$ _____ |                             |
| Life Insurance Policy<br>(cash surrender value)         | \$ _____ |                             |
| Other Asset(s)  | \$ _____ | Description _____           |

### PART 3: DEBTS

| Name of Creditor/Grantor<br>(e.g. bank, financial institution or finance co.) | Type of Debt<br>(e.g. mortgage, loan, credit card) | Balance Owing   | Monthly Payment |
|---|--|-----------------|-----------------|
| _____   | _____  | \$ _____        | \$ _____        |
| _____   | _____  | \$ _____        | \$ _____        |
| _____   | _____  | \$ _____        | \$ _____        |
| _____   | _____  | \$ _____        | \$ _____        |
| <b>TOTALS</b>   |  | <b>\$ _____</b> | <b>\$ _____</b> |

The information on this form is collected pursuant to the *Family Maintenance Enforcement Act* for the purpose of monitoring and enforcing your maintenance order or agreement. To obtain information about privacy protection, contact the FMEP office handling your case.

**PART 4: MONTHLY INCOME**

Net Income (provide copies of last 3 pay stubs) \$ \_\_\_\_\_

Overtime pay, commissions, bonuses or holiday pay  
(calculate total received for the year and divide by 12) \$ \_\_\_\_\_

Self-Employed Business Income  
(provide copies of last 3 bank statements) \$ \_\_\_\_\_

Pension/Disability Income (provide copies of last 3 income stubs) \$ \_\_\_\_\_

Other Income (specify) \_\_\_\_\_ \$ \_\_\_\_\_

Rental Income \$ \_\_\_\_\_

Child Tax Credit/Child or Spousal Support Income \$ \_\_\_\_\_

Net Income of Spouse or Common-law Spouse \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**PART 5: MONTHLY EXPENSES**

Rent

Mortgage (include property taxes) \$ \_\_\_\_\_

Insurance – Life/House or Tenant \$ \_\_\_\_\_

Utilities - Heat/Hydro/Water \$ \_\_\_\_\_

Cable/Internet \$ \_\_\_\_\_

Telephone/Cellular \$ \_\_\_\_\_

Child and/or Spousal Support Payment \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Restaurant Meals/Entertainment \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Dental/Medical/Prescriptions (not covered by a medical plan) \$ \_\_\_\_\_

Vehicle - Gas/Oil/Insurance Number of vehicles \_\_\_\_\_ \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

Total Monthly Debt Payment (from Part 3: Debts) \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

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# FAMILY MAINTENANCE ENFORCEMENT PROGRAM PAYMENT PROPOSAL FORM

Name: \_\_\_\_\_ FMEP Case #: \_\_\_\_\_

A voluntary payment arrangement is a plan – developed in cooperation between you and the FMEP – for you to pay the arrears in addition to making your ongoing maintenance payments.

**To set up a payment arrangement:**

1. Complete the Income & Expense Form.
2. Attach copies of your:
  - last 3 pay stubs if you are employed or;
  - last 3 income stubs if you receive pension or disability benefits or;
  - last 3 bank statements if you are self-employed;
  - and your most recent income tax return.
3. Complete the section below:
  - Write down what you see as a reasonable payment amount, how often it will be paid (monthly, biweekly etc.) and when the payments are to start. The amount must be enough to cover both your ongoing maintenance and to reduce the arrears in a reasonable amount of time.
  - Choose how to send your payments:
    - through Online, Telephone or ABM Banking. This method allows you to either send individual payments, or set up payments to be automatically sent on a regular basis. You set this up through your financial institution - the payee name is 'Family Maintenance Enf (BC)' and your personalized FMEP account number is your case number the first four letters of your last name, or;
    - a series of post-dated cheques made payable to recipient with your case number on the cheques.
4. Mail or fax your completed forms with the other documents requested to FMEP office handling your case:

Box 80449  
Burnaby BC V5H 3X9  
Fax (604) 678-5679

Box 830  
Kamloops BC V2C 5N1  
Fax (250) 434-6033

Box 5100  
Victoria BC V8R 6N3  
Fax (250) 220-4050

***Your proposed payment must be enough to cover both your ongoing maintenance and to reduce your arrears in a reasonable amount of time.***

I agree to pay \$ \_\_\_\_\_ per \_\_\_\_\_ (weekly, bi-weekly, semi-monthly or monthly)

The first payment will start on \_\_\_\_\_  
Day Month Year

I will send payments by:  PC/Telephone Banking  Post-Dated Cheques  Other \_\_\_\_\_

**SIGNATURE**

*By checking the box below you confirm that you are the payor named above on this form and the information provided on the form is true.*

I declare I am the payor and the information provided is true.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

We will review your payment proposal and let you know as soon as possible whether it is acceptable.

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